

GOVERNMENTAL AGENCY APPEARING PURSUANT TO WIC Sections 11475.1 and 11478.2:  TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<div style="display: flex; justify-content: space-between;"> <div> <b>NOTICE OF MOTION</b>  <input type="checkbox"/> Support  <input type="checkbox"/> Other:         </div> <div> <input type="checkbox"/> JUDGMENT  <input type="checkbox"/> Health Care         </div> <div> <input type="checkbox"/> MODIFICATION         </div> </div>	
CASE NUMBER:	

1. TO (name):
2. **READ THE ATTACHED REQUEST FORM.** A hearing on the motion for the relief requested will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
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b. Address of court ☐ same as noted above ☐ other (specify):

3. Supporting attachments:
- a. Completed Request for Order and Supporting Declaration and blank Response

b. ☐ Financial Information and blank Income and Expense Declaration

c. ☐ Points and Authorities

d. ☐ Order for Blood Testing (If you ignore this order, you may be found to be the parent.)

e. ☐ Other (specify):
4. ☐ NOTICE: IF YOU WISH TO HAVE A TRIAL YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.

Date:

.....

(TYPE OR PRINT NAME)

(SIGNATURE OF DISTRICT ATTORNEY)

**Notice: Child support is based on your ability to pay, which may include your income, earning capacity, and life style. The amount of child support can be large and can continue until the children reach age 19. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court.**

**You do not have to pay any fee to file your response (form 1298.05) and your completed Financial Declaration (form 1285.50). You must file any documents with the court and mail copies (at least five court days before the hearing date) to the District Attorney at the following address:**

(See reverse for Proof of Service by Mail)


PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

**PROOF OF SERVICE BY MAIL**

- 1. I am over the age of 18, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
- 2. My residence or business address is:
- 3. I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope ☐ directly in the United States mail with postage paid OR ☐ at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
  - a. Date of deposit:
  - b. Place of deposit (*city and state*):
  - c. Addressed as follows:
- 4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)

  
\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)